Regional Strategy for Universal Health Coverage and the Role of HTA in the Decision-making process

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Summary

• HTA is being seen as an important tool in the journey toward universal health coverage
• But this is has some challenges
• We may need to think about HTA in a broader way
• We may need more flexibility
• We may need to be more “solution-oriented” in our thinking
The Three Dimensions of UHC

Towards universal coverage

- UHC: Ensuring that all people can use health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship.

- Resource constraints will imply that most countries fall short of UHC on some or all of the three dimensions.

World Health Organization, 2010 World Health Report
WHO

Health intervention and technology assessment in support of universal health coverage

“It may be applied to interventions, such as including a new medicine into a reimbursement scheme, rolling-out broad public health programmes (such as immunization or screening for cancer), priority setting in health care, identifying health interventions that produce the greatest health gain and offer value for money, setting prices for medicines and other technologies based on their cost–effectiveness, and formulating clinical guidelines.”
Benefit packages

• In order to expand population coverage and the benefits package available for patients to use, consideration needs to be given to an evidence-informed approach to managing not only the health technologies including drugs and medical devices available, but also how the overall system achieves improvements in health outcomes.

Thinking a little differently about HTA

1. HTA aimed at appraisal of individual technologies, or groups of closely related technologies.
2. HTA aimed at developing clinical practice guidelines or the way in which individual technologies are combined with and within a delivery system to manage patient clinical pathways efficiently.
3. HTA which is about the efficiency of the organizational systems or architecture of the health care system.

- The first is “micro HTA”, the third is “macro HTA”.
- The second combines elements of both.
How best to apply “HTA”?

- Considerations for cost-utility analysis and cost-effectiveness thresholds
- Options to ensure some flexibility
- Formulary management, MCDA
- Deliberative appraisal
- Collaborative solutions
Health state preferences and CUA

• A systematic literature review of health state valuation in low and middle-income countries found:
  • Preferences can vary by cultural belief, availability of health care, and support from social institutions
  • Utility weights can vary between countries, including between high income countries
  • The principles of utilitarianism on which CUAs are based might not be considered in the same way by all groups: e.g. with the principles of Buddhism or Hinduism.

Kularanta S, Whitty JA, Johnson NW, Scuffham PA. Health State Reviews in Low and Middle-Income Countries: A Systematic Review of the Literature. Value in Health 16 (2013) 1091-1099
Considerations of opportunity cost (CE thresholds)

- ICER intended to reflect “opportunity cost”

- Not all HTA agencies use an ICER / threshold approach (France, Germany)

- Budget impact also enables consideration of opportunity cost

- Is the “opportunity cost” the same in established, mature and “budget capped” health systems as in an expanding health system moving toward UHC?

ICER = Incremental cost-effectiveness ratio
Considerations of opportunity cost (CE thresholds)

- Threshold can be a useful input to decision-making. Flexibility is essential to enable decision-making to consider other factors.

- Example: Mexico General Health Council
  - Below 1 per capita GDP (US$10,500 in 2013)
  - is considered cost-effective

“tool not a rule”
Less complex evidence-based approaches

• Formulary management: Is it possible to apply evidence-based and health system specific approaches in the interim when full HTA capacity, skills and data are not available?

• Consider:
  • Literature-based comparative effectiveness, health system needs and priorities, budget impact, cost-offsets and health system ability to deliver.
  
  • “Appropriate use” conditions / strategies, including criteria for eligibility, clinical guidelines
Multi-criteria Decision Analysis

• Gaining interest, especially in Central and Eastern Europe as an option when complex HTA is not possible

• Proposal to use weighted scoring on a range of criteria
  • Comparative effectiveness (RCTs and / or determination by a recognised HTA agency)
  • Budget impact
  • Cost-effectiveness (determination by a recognised HTA agency)
  • Health system / policy considerations

• Challenge is in determining both the criteria and the weights

Danko D; Health technology assessment in middle-income countries: recommendations for a balanced assessment system. Journal of Market Access & Health Policy 2014
Deliberative appraisal: Why is this important?

- **Limitations to evidence**
  - May have high internal but low external validity
  - May be scientifically controversial
  - May be missing in some areas
  - May not all be of comparable quality
  - Some may be highly quantitative, some qualitative
  - Some may be biased

- **Deliberative process**
  - The necessary elements won’t combine themselves – combining and interpreting them requires a deliberative process
  - This is participative and often requires a period of consultation with stakeholders
  - Requires fair representation of scientists and other stakeholders and skilful chairing

Professor Tony Culyer, J Med Assoc Thailand, 97 (Suppl 5):S1-S2
Evidence Review & Synthesis (“evaluation”) Evidence-based Decision Making (“appraisal”)

Evidence Review and Synthesis (Formulary Committee Staff, Contracted evaluation groups, Academic Analysts)

Studies

Evaluation

Economic Information

Framing Key Questions
Rigor Required

Evidence Review +/- HECON Models

Evidence-Based Decision Making (Formulary Committee of PBM, Private Payer, States, NICE, etc.)

Decisions

Appraisal

Budget Constraints

Equity

Precedent

Acceptability

Values & Preferences

Collaborative solution-oriented decision making: possible but not easy!

- Affordability not just cost-effectiveness:
  - Consider targeting higher cost drugs to most appropriate population (e.g. Brazil clinical guidelines)
- Consider special programs for health system priorities and assess technology needs within those programs (e.g. Casalud in Mexico)
- Consider differential pricing within countries (across different populations and programs)
- Consider managed entry schemes
- Consider novel approaches e.g. social impact bonds
The Casalud example

- Carlos Slim Foundation and MoH initiative to tackle NCDs (diabetes and hypertension) in Mexico
- Expansion of pilot program, incorporating global principles for NCD management
- Includes:
  - Integrated measurement for early detection
  - Mobile module for clinics and public places
  - Household and community outreach
  - Wellness and lifestyle education
  - Disease management
  - Centre for Education in Health On line
  - “Abasto” program to improve stocking of medications and supplies
Gracias! Muito obrigado!

I don´t know if education can save us, but I don´t know of anything better.

Jorge Luis Borges